

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077145

1. Entity Name
ALL COAST ENGINEERING, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90036 016 ***150.00

Principal Place of Business

P. O. BOX 15392
BROOKSVILLE FL 34609

Mailing Address

P. O. BOX 15392
BROOKSVILLE FL 34609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip 34604 Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 34604 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**
59-353 2094

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, CYNTHIA L
1035 ALTOONA AVE.
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11251 Salina St

City Brooksville

City Spring

FL

Zip Code

34614

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Cynthia L Williams ^{error ciw}

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DILLMAN, ARTHUR R**
STREET ADDRESS **P. O. BOX 15392**
CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE **PD** ☐ Delete
NAME **WILLIAMS, CYNTHIA L**
STREET ADDRESS **P. O. BOX 15392**
CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE **VD** ☐ Delete
NAME **MATHERS, WILLIAM J**
STREET ADDRESS **P. O. BOX 15392**
CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP zip code - 34604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP zip code - 34604

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia L Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01
Date

352 666 8022
Daytime Phone #

CR2E034 (10/00)